

Attachment 3

Reporting Form for Report of Full-Time Equivalency (SF 113-C)

Department or Agency:  
Report Period:  
Employment Coverage:

Employment/Hours Category	Employment and Hours (1)	Full-Time Equivalent for Current Period (2)	Work-Years		
			Current Period (X Pay Periods) (3)	Cumulative To End of Current Period (X Pay Periods) (4)	Ceiling (5)
1a. Total Paid Ceiling Employees					xxxxxx
b. Straight Time					xxxxxx
c. Overtime					xxxxxx
2a. Full-time with Permanent Appt.					xxxxxx
b. Straight Time					xxxxxx
c. Overtime					xxxxxx
3a. Other Employment					xxxxxx
b. Straight Time					xxxxxx
c. Overtime					xxxxxx
4a. Part-time with Permanent Appt.					xxxxxx
b. Straight Time					xxxxxx
c. Overtime					xxxxxx
5a. Part-time with Temporary and Indefinite Appt.					xxxxxx
b. Straight Time					xxxxxx
c. Overtime					xxxxxx
6a. Full-time with Temporary and Indefinite Appt.					xxxxxx
b. Straight Time					xxxxxx
c. Overtime					xxxxxx
7a. Intermittent					xxxxxx
b. Straight Time					xxxxxx
c. Overtime					xxxxxx

Certified \_\_\_\_\_ Official Position \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

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